PTO/SB/06 (12-04)

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Approved for use through 7/31/2006, OMS 0651-0001 U.S. Perent and Trademark Office; U.S. DEPARTMENT OF CONSUERCE

Under the Paperson Reduction Act of 1905, no persons are required to respond to a solicition of information unless it displays a yield CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-878 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN · (Column 1) (Calumn 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FLED NUMBER EXTRA RATE (1) FEE (5) RATE (1) FEE (II) BASIC FEE NA N/A NVA 150.00 A) CAR 1.10(1), [14, 4 (1)] NIA 300.00 BEARCH FEE · N/A NA N/A 17 CFA 1 16/14, (1, or (m)) \$260 NVA \$500 **EXAMINATION FEE** ŧ NA . NIA N/A \$100 (D) CFR 1.16(q. (p), or (q)) NA. \$200 TOTAL CLAMS X\$ 25 . OF OFR 1.15(7) X\$50 minus 20 = OR PROEPENDENT CLAIMS X100 (27 OFR L 16(19) minus 3 • X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due Is \$250-(\$125 for small entity) for each a · (D7 CPR 1.16(a)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(O) and 37 CFR 1.16(s) +180= MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(1)) +360= "If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OB (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT. RATE (1) ADDI-RATE (\$) ADOL AFTER PREVIOUSLY **EXTRA** TIONAL 岩田 TIONAL MENDMENT FEE (1) PAID FOR FEE (\$) Total Minus X\$ 25 OF OTR LINGS X\$50 OR independent GIT OFR LIEDT Minus X100 X200 Ó OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.180) +180= · +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT 8 NUMBER RATE (\$) ADDI-RATE (S) AFTER AMENDMENT EXTRA PREVIOUSLY MENDMENT FIFE (T) PAID FOR FEE (1) Total OF OFFI LIGHT Minus. 0 0 X\$ 25 X\$50 OR tricependeni pr; CFR L1802 Minus X100 O X200. OR Application Size Pee (37 CFR 1.16(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180) +180= +360: OR TOTAL. TOTAL OR ADD'L FEE ADDY FEE. . If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

**If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. Into Transca named previously read not independent is the nigness number round in the appropriate box in column 1.

This collection of information is required by 97 CFR 1.15. The information is required to obtain or retain a banglit by the public which is to file (and by the ISPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completely reducing process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completely reducing gathering, propering, and submitting the completed application form to the USPTO. This was vary depending upon the individual case. Any comments a this amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Dependent of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DORRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.